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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

7996

First Inventor or Application Identifier

deLong et al

Title

Compositions and Methods for Treating Hair Loss  
Using C16-C20 Aromatic Tetrahydro Prostaglandins

Express Mail Label No.

EF 182966033 US

**APPLICATION ELEMENTS**

See MPEP Chapter 600 concerning utility patent application contents.

ADDRESS TO:

Commissioner for Patents  
Box Patent Application  
Washington, D.C. 202311. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)2. ☐ Applicant claims small entity status  
(see 37 CFR §1.27)3. ☒ Specification Total Pages [ 57 ]  
(preferred arrangement set forth below)

- Descriptive Title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. ☐ Drawing(s) (35 USC §113) Total Sheets ☐

5. Oath or Declaration Total pages [ 2 ]

- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 CFR §1.63(d))  
(for continuation/divisional with Box 17 complete)

i. ☐ **DELETION OF INVENTORS**Signed statement attached deleting  
inventor(s) named in the prior  
application, see 37 CFR §§1.63(d)(2) and  
1.53(b).6. ☐ Application Data Sheet. See 37 CFR §1.767. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)8. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)

- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
  - i. ☐ CD-ROM or CD-R (2 copies); or
  - ii. ☐ Paper
- c. ☐ Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**9. ☐ Assignment Papers (cover sheet & document(s))10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)11. ☐ English Translation Document (if applicable)12. ☒ Information Disclosure ☒ Copies of IDS  
Statement (IDS)/PTO-1449 Citations13. ☐ Preliminary Amendment14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)16. ☐ Other: .....17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in the preliminary amendment, or in an Application Data Sheet under 37 CFR §1.76:☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. 1

Prior application information: Examiner: \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

For **CONTINUATION OR DIVISIONAL APPS only**: The entire disclosure of the prior application, from which an oath or declaration is submitted under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**17. CORRESPONDENCE ADDRESS**☐ Customer Number or Bar Code Label

Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

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|                   |                           |                                   |             |
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| Name (Print/Type) | Catherine U. Brown        | Registration No. (Attorney/Agent) | 44,565      |
| Signature         | <i>Catherine U. Brown</i> | Date                              | 31-Jan-2001 |

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|---|--------------------------|---------------------------|
| <b>FEE TRANSMITTAL</b><br><b>for FY 2001</b><br>Patent fees are subject to annual revision. | <b>Complete if Known</b> |                           |
|   | Application Number       | Not assigned              |
|   | Filing Date              | 1/31/2001                 |
|   | First Named Inventor     | DeLong                    |
|   | Examiner Name            | Not assigned              |
|   | Group/Art Unit           | Not assigned              |
| TOTAL AMOUNT OF PAYMENT (\$ 1462.00)  |                          | Attorney Docket No.. 7996 |

| <b>METHOD OF PAYMENT (check one)</b>  |                 | <b>FEE CALCULATION (continued)</b>   |                 |  |                     |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
|---|-----------------|--|-----------------|--|---------------------|-----------------|-----------------|-----------------|----------|-----|-----|------------------------|----------|-------------------------------------|-----|-----|-----|-----------------------------------|----|--|-----|-----|-----|---------------------------------------|-----|---------------------------|-----|-----|-------|---|-------|--|-----|-----|------|---|------|--|---|-----|--------|-----|---------------------|--|---|-----|-----|-----|----|--|---|-----|-----|-----|-----|--|---|-----|-----|-----|-----|--|---|-----|-------|-----|-----|--|---|-----|-------|-----|-----|--|---|-----|-----|-----|-----|------------------|---|-----|-----|-----|-----|--|---|-----|-----|-----|-----|--------------------------|---|-----|-------|-----|-------|---|---|-----|-----|-----|----|----------------------------------|---|-----|-------|-----|-----|------------------------------------|---|-----|-------|-----|-----|--------------------------------|---|-----|-----|-----|-----|------------------|---|-----|-----|-----|-----|-----------------|---|-----|-----|-----|-----|-------------------------------|---|-----|----|-----|----|---|---|-----|-----|-----|-----|-------------------|-------|-----|----|-----|----|--|---|-----|-----|-----|-----|---|---|-----|-----|-----|-----|---|---|-----|-----|-----|-----|---|---|-----|-----|-----|-----|---|---|---------------------------|--|--|--|--|---|---------------------------|--|--|--|--|---|---|--|----------------|-----------------|----------------|-----------------|-----------------|----------|-----|-----|-----|-----|--------------------|----------|-----|-----|-----|-----|-------------------|---|-----|-----|-----|-----|------------------|---|-----|-----|-----|-----|--------------------|---|-----|-----|-----|----|------------------------|---|---------------------|--|--|--|--|---------------------|--|--|---|--|----------------|-----------------|----------------|-----------------|-----------------|----------|-----|----|-----|---|------------------------|---|-----|----|-----|----|-----------------------------------|---|-----|-----|-----|-----|---------------------------------------|---|-----|----|-----|----|---|---|-----|----|-----|---|---|---|---------------------|--|--|--|--|------------------|---|--|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br>Deposit Account Number <b>16-2480</b><br>Deposit Account Name <b>The Procter &amp; Gamble Company</b><br><input checked="" type="checkbox"/> Charge Any Additional Fee <input type="checkbox"/> Applicant claims small entity status. See 37 CFR §127 Required Under 37 C.F.R. §§1.16 and 1.17  |                 | <b>3. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td>0</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td>0</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td>0</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td>0</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner's action</td><td>0</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner's action</td><td>0</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within 1<sup>st</sup> month</td><td>0</td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within 2<sup>nd</sup> month</td><td>0</td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within 3<sup>rd</sup> month</td><td>0</td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for reply within 4<sup>th</sup> month</td><td>0</td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td>Extension for reply within 5<sup>th</sup> month</td><td>0</td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td>0</td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td>0</td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td>0</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td>0</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td>0</td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive - unintentional</td><td>0</td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td><td>0</td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td>0</td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td>0</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td>0</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td>0</td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td><td>Submission of IDS</td><td>[240]</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>0</td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td>0</td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37 CFR §1.129(b))</td><td>0</td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td><td>0</td></tr> <tr><td>169</td><td>710</td><td>249</td><td>355</td><td>Request for expedited examination of a design application</td><td>0</td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td>0</td></tr> <tr><td colspan="5">Other fee (specify) _____</td><td>0</td></tr> <tr> <td colspan="2"> <b>2. EXTRA CLAIM FEES</b><br/> <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td>[710.00]</td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td>0</td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td>0</td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td>0</td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td>0</td></tr> <tr><td colspan="5"><b>SUBTOTAL (1)</b></td><td><b>(\$)[710.00]</b></td></tr> </tbody> </table> </td> <td colspan="2">           Fee From<br/>           Extra Claims Below Fee Paid<br/>           Total Claims [44] - 20** = [24] x [18] = [432]<br/>           Independent Claims [4] - 3** = [1] x [80] = [80]<br/>           Multiple Dependent [ ] = [ ]<br/>           ** or number previously paid, if greater; For Reissues, see below         </td> </tr> <tr> <td colspan="2"> <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td>0</td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td><td>0</td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td><td>0</td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td>**Reissue independent claims over original patent</td><td>0</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td><td>0</td></tr> <tr><td colspan="5"><b>SUBTOTAL (2)</b></td><td><b>(\$)[512]</b></td></tr> </tbody> </table> </td> <td colspan="2">           * Reduced by Basic Filing Fee Paid<br/> <b>SUBTOTAL(3) (\$ [240])</b> </td> </tr> </tbody></table> |                 | Large Fee Code   | Entity Fee (\$)     | Small Fee Code  | Entity Fee (\$) | Fee Description | Fee Paid | 105 | 130 | 205                    | 65       | Surcharge - late filing fee or oath | 0   | 127 | 50  | 227                               | 25 | Surcharge - late provisional filing fee or cover sheet | 0   | 139 | 130 | 139                                   | 130 | Non-English specification | 0   | 147 | 2,520 | 147   | 2,520 | For filing a request for <i>ex parte</i> reexamination | 0   | 112 | 920* | 112   | 920* | Requesting publication of SIR prior to Examiner's action | 0 | 113 | 1,840* | 113 | 1,840*              | Requesting publication of SIR after Examiner's action  | 0 | 115 | 110 | 215 | 55 | Extension for reply within 1 <sup>st</sup> month | 0 | 116 | 390 | 216 | 195 | Extension for reply within 2 <sup>nd</sup> month | 0 | 117 | 890 | 217 | 445 | Extension for reply within 3 <sup>rd</sup> month | 0 | 118 | 1,390 | 218 | 695 | Extension for reply within 4 <sup>th</sup> month | 0 | 128 | 1,890 | 228 | 945 | Extension for reply within 5 <sup>th</sup> month | 0 | 119 | 310 | 219 | 155 | Notice of Appeal | 0 | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal | 0 | 121 | 270 | 221 | 135 | Request for oral hearing | 0 | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | 0 | 140 | 110 | 240 | 55 | Petition to revive - unavoidable | 0 | 141 | 1,240 | 241 | 620 | Petition to revive - unintentional | 0 | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) | 0 | 143 | 440 | 243 | 220 | Design issue fee | 0 | 144 | 600 | 244 | 300 | Plant issue fee | 0 | 122 | 130 | 122 | 130 | Petitions to the Commissioner | 0 | 123 | 50 | 123 | 50 | Petitions related to provisional applications | 0 | 126 | 240 | 126 | 240 | Submission of IDS | [240] | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 0 | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) | 0 | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR §1.129(b)) | 0 | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) | 0 | 169 | 710 | 249 | 355 | Request for expedited examination of a design application | 0 | Other fee (specify) _____ |  |  |  |  | 0 | Other fee (specify) _____ |  |  |  |  | 0 | <b>2. EXTRA CLAIM FEES</b><br><table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td>[710.00]</td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td>0</td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td>0</td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td>0</td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td>0</td></tr> <tr><td colspan="5"><b>SUBTOTAL (1)</b></td><td><b>(\$)[710.00]</b></td></tr> </tbody> </table> |  | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 101 | 710 | 201 | 355 | Utility filing fee | [710.00] | 106 | 320 | 206 | 160 | Design filing fee | 0 | 107 | 490 | 207 | 245 | Plant filing fee | 0 | 108 | 710 | 208 | 355 | Reissue filing fee | 0 | 114 | 150 | 214 | 75 | Provisional filing fee | 0 | <b>SUBTOTAL (1)</b> |  |  |  |  | <b>(\$)[710.00]</b> | Fee From<br>Extra Claims Below Fee Paid<br>Total Claims [44] - 20** = [24] x [18] = [432]<br>Independent Claims [4] - 3** = [1] x [80] = [80]<br>Multiple Dependent [ ] = [ ]<br>** or number previously paid, if greater; For Reissues, see below |  | <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td>0</td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td><td>0</td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td><td>0</td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td>**Reissue independent claims over original patent</td><td>0</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td><td>0</td></tr> <tr><td colspan="5"><b>SUBTOTAL (2)</b></td><td><b>(\$)[512]</b></td></tr> </tbody> </table> |  | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 103 | 18 | 203 | 9 | Claims in excess of 20 | 0 | 102 | 80 | 202 | 40 | Independent claims in excess of 3 | 0 | 104 | 270 | 204 | 135 | Multiple dependent claim, if not paid | 0 | 109 | 80 | 209 | 40 | **Reissue independent claims over original patent | 0 | 110 | 18 | 210 | 9 | **Reissue claims in excess of 20 and over original patent | 0 | <b>SUBTOTAL (2)</b> |  |  |  |  | <b>(\$)[512]</b> | * Reduced by Basic Filing Fee Paid<br><b>SUBTOTAL(3) (\$ [240])</b> |  |
| Large Fee Code  | Entity Fee (\$) | Small Fee Code   | Entity Fee (\$) | Fee Description  | Fee Paid            |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 105   | 130             | 205  | 65              | Surcharge - late filing fee or oath  | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 127   | 50              | 227  | 25              | Surcharge - late provisional filing fee or cover sheet                     | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 139   | 130             | 139  | 130             | Non-English specification  | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 147   | 2,520           | 147  | 2,520           | For filing a request for <i>ex parte</i> reexamination                     | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 112   | 920*            | 112  | 920*            | Requesting publication of SIR prior to Examiner's action                   | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 113   | 1,840*          | 113  | 1,840*          | Requesting publication of SIR after Examiner's action                      | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 115   | 110             | 215  | 55              | Extension for reply within 1 <sup>st</sup> month                           | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 116   | 390             | 216  | 195             | Extension for reply within 2 <sup>nd</sup> month                           | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 117   | 890             | 217  | 445             | Extension for reply within 3 <sup>rd</sup> month                           | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 118   | 1,390           | 218  | 695             | Extension for reply within 4 <sup>th</sup> month                           | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 128   | 1,890           | 228  | 945             | Extension for reply within 5 <sup>th</sup> month                           | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 119   | 310             | 219  | 155             | Notice of Appeal   | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 120   | 310             | 220  | 155             | Filing a brief in support of an appeal                                     | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 121   | 270             | 221  | 135             | Request for oral hearing   | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 138   | 1,510           | 138  | 1,510           | Petition to institute a public use proceeding                              | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 140   | 110             | 240  | 55              | Petition to revive - unavoidable   | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 141   | 1,240           | 241  | 620             | Petition to revive - unintentional   | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 142   | 1,240           | 242  | 620             | Utility issue fee (or reissue)   | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 143   | 440             | 243  | 220             | Design issue fee   | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 144   | 600             | 244  | 300             | Plant issue fee  | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 122   | 130             | 122  | 130             | Petitions to the Commissioner  | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 123   | 50              | 123  | 50              | Petitions related to provisional applications                              | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 126   | 240             | 126  | 240             | Submission of IDS  | [240]               |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 581   | 40              | 581  | 40              | Recording each patent assignment per property (times number of properties) | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 146   | 710             | 246  | 355             | Filing a submission after final rejection (37 CFR § 1.129(a))              | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 149   | 710             | 249  | 355             | For each additional invention to be examined (37 CFR §1.129(b))            | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 179   | 710             | 279  | 355             | Request for Continued Examination (RCE)                                    | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 169   | 710             | 249  | 355             | Request for expedited examination of a design application                  | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| Other fee (specify) _____   |                 |  |                 |  | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| Other fee (specify) _____   |                 |  |                 |  | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| <b>2. EXTRA CLAIM FEES</b><br><table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td>[710.00]</td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td>0</td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td>0</td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td>0</td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td>0</td></tr> <tr><td colspan="5"><b>SUBTOTAL (1)</b></td><td><b>(\$)[710.00]</b></td></tr> </tbody> </table>   |                 | Large Fee Code   | Entity Fee (\$) | Small Fee Code   | Entity Fee (\$)     | Fee Description | Fee Paid        | 101             | 710      | 201 | 355 | Utility filing fee     | [710.00] | 106                                 | 320 | 206 | 160 | Design filing fee                 | 0  | 107  | 490 | 207 | 245 | Plant filing fee                      | 0   | 108                       | 710 | 208 | 355   | Reissue filing fee                                | 0     | 114  | 150 | 214 | 75   | Provisional filing fee                                    | 0    | <b>SUBTOTAL (1)</b>                                      |   |     |        |     | <b>(\$)[710.00]</b> | Fee From<br>Extra Claims Below Fee Paid<br>Total Claims [44] - 20** = [24] x [18] = [432]<br>Independent Claims [4] - 3** = [1] x [80] = [80]<br>Multiple Dependent [ ] = [ ]<br>** or number previously paid, if greater; For Reissues, see below |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| Large Fee Code  | Entity Fee (\$) | Small Fee Code   | Entity Fee (\$) | Fee Description  | Fee Paid            |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 101   | 710             | 201  | 355             | Utility filing fee   | [710.00]            |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 106   | 320             | 206  | 160             | Design filing fee  | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 107   | 490             | 207  | 245             | Plant filing fee   | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 108   | 710             | 208  | 355             | Reissue filing fee   | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 114   | 150             | 214  | 75              | Provisional filing fee   | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| <b>SUBTOTAL (1)</b>   |                 |  |                 |  | <b>(\$)[710.00]</b> |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td>0</td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td><td>0</td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td><td>0</td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td>**Reissue independent claims over original patent</td><td>0</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td><td>0</td></tr> <tr><td colspan="5"><b>SUBTOTAL (2)</b></td><td><b>(\$)[512]</b></td></tr> </tbody> </table> |                 | Large Fee Code   | Entity Fee (\$) | Small Fee Code   | Entity Fee (\$)     | Fee Description | Fee Paid        | 103             | 18       | 203 | 9   | Claims in excess of 20 | 0        | 102                                 | 80  | 202 | 40  | Independent claims in excess of 3 | 0  | 104  | 270 | 204 | 135 | Multiple dependent claim, if not paid | 0   | 109                       | 80  | 209 | 40    | **Reissue independent claims over original patent | 0     | 110  | 18  | 210 | 9    | **Reissue claims in excess of 20 and over original patent | 0    | <b>SUBTOTAL (2)</b>                                      |   |     |        |     | <b>(\$)[512]</b>    | * Reduced by Basic Filing Fee Paid<br><b>SUBTOTAL(3) (\$ [240])</b>  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| Large Fee Code  | Entity Fee (\$) | Small Fee Code   | Entity Fee (\$) | Fee Description  | Fee Paid            |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 103   | 18              | 203  | 9               | Claims in excess of 20   | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 102   | 80              | 202  | 40              | Independent claims in excess of 3  | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 104   | 270             | 204  | 135             | Multiple dependent claim, if not paid                                      | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 109   | 80              | 209  | 40              | **Reissue independent claims over original patent                          | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| 110   | 18              | 210  | 9               | **Reissue claims in excess of 20 and over original patent                  | 0                   |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |
| <b>SUBTOTAL (2)</b>   |                 |  |                 |  | <b>(\$)[512]</b>    |                 |                 |                 |          |     |     |                        |          |                                     |     |     |     |                                   |    |  |     |     |     |                                       |     |                           |     |     |       |   |       |  |     |     |      |   |      |  |   |     |        |     |                     |  |   |     |     |     |    |  |   |     |     |     |     |  |   |     |     |     |     |  |   |     |       |     |     |  |   |     |       |     |     |  |   |     |     |     |     |                  |   |     |     |     |     |  |   |     |     |     |     |                          |   |     |       |     |       |   |   |     |     |     |    |                                  |   |     |       |     |     |                                    |   |     |       |     |     |                                |   |     |     |     |     |                  |   |     |     |     |     |                 |   |     |     |     |     |                               |   |     |    |     |    |   |   |     |     |     |     |                   |       |     |    |     |    |  |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |     |     |     |     |   |   |                           |  |  |  |  |   |                           |  |  |  |  |   |   |  |                |                 |                |                 |                 |          |     |     |     |     |                    |          |     |     |     |     |                   |   |     |     |     |     |                  |   |     |     |     |     |                    |   |     |     |     |    |                        |   |                     |  |  |  |  |                     |  |  |   |  |                |                 |                |                 |                 |          |     |    |     |   |                        |   |     |    |     |    |                                   |   |     |     |     |     |                                       |   |     |    |     |    |   |   |     |    |     |   |   |   |                     |  |  |  |  |                  |   |  |

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|---------------------|--------------------|-----------------------------------|---------------------------------|--------------------------|
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